

ON-SITE SCHOOL REVIEW

District	School	Date of Review
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ADA _____ ÷ Enrollment _____ = Attendance _____ %

	Prior Month ADP	Meal Count On Day of Review	Currently Approved
Paid	_____	_____	_____
Reduced Price	_____	_____	_____
Free	_____	_____	_____

YES NO N/A

I. APPLICATION APPROVAL

1. Are applications approved at this school?
Responsible party _____
2. Are applications on file correctly approved?

II. MASTER LIST

1. Is a master list used in the meal system?
2. Do names listed on the master list match approved applications on file?
3. If more than one list is used (e.g. master list/ticket issuance list/food service line list), are all lists the same?
4. Are all lists updated as needed?

III. MEAL COUNT SYSTEM

1. Does the meal count system produce an accurate count of reimbursable meals (free/reduced price/paid) served to eligible children?
 - a. Does the collection procedure in use match the approved collection procedure?
 - b. If the meal count is not taken at the end of the food service line, does the school have a system to account for reimbursable meals?
 - c. Are only meals that meet the meal pattern requirement counted and claimed for reimbursement?
 - d. Does the collection procedure in use ensure that only one meal per child per day is claimed for reimbursement?
2. Does the meal count system prevent overt identification?
 - a. Is the medium of exchange made available to all students at the same location?
 - b. Does the medium of exchange use acceptable codes for identifying students as free, reduced price, or paid?
 - c. Does the school have a trained substitute cashier?

YES NO N/A

IV. MEAL COUNT RECORDING AND EDIT CHECKS

- | | | | |
|---|-------|-------|-------|
| 1. Does the school use proper procedure for counting and recording meals? | _____ | _____ | _____ |
| 2. For each day during the review month, is the number claimed for free and reduced price meals less than the number of free and reduced price eligibles? | _____ | _____ | _____ |
| 3. For each day during the review month, is the number of meals claimed less than the average daily attendance? | _____ | _____ | _____ |
| 4. Does the school have proper procedures to manage and safeguard cash (reconciliation, extra item sales, adult meals, etc.)? | _____ | _____ | _____ |

V. RESULTS OF REVIEW

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|--|-------|-------|-------|
| 1. Is corrective action plan required? | _____ | _____ | _____ |
| 2. Is follow-up review required? | _____ | _____ | _____ |

VI. COMMENTS, NOTES, AND OBSERVATIONS DURING THE REVIEW

VII. SUGGESTED CORRECTIVE ACTION (Follow Up in 45 Days)

Signature of Reviewer

Signature of Manager

9/27/00